



Westfield Public Works
2728 E. 171st Street
Westfield, Indiana 46074
Office: (317) 867-1116
Fax: (317) 867-1168

Instructions for Automatic Deductions from Checking Account

- Print off the second page of this document titled “Authorization for Bank Drafting”.
- Fill out the form in its entirety. Unsigned forms will be returned for endorsement (s). * Joint accounts must be signed by both individuals.
- Attach a “VOIDED” check to the form and return it to the above address.
- Only original forms will be accepted. E-mailed or faxed applications will not be processed.
- Payment will be deducted from the appropriate account on the due date.



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Authorization for Bank Drafting

Many customers have requested the convenience of automatic bank drafting to pay their utility bill. Effective with the October 2004 billing this service will be available. This method of payment allows you to have your payment transferred each month on the due date directly from your checking account. To apply for this free service simply complete and return the authorization form below. It is important to remember that inadequate funds in your bank account to cover the payment will be handled like a returned check and Westfield Public Works as well as your financial institution will assess the standard NSF/Overdraft charge.

AUTHORIZATION AGREEMENT AUTOMATIC WITHDRAWAL (ACH DEBITS)

I (we) hereby authorize **WESTFIELD PUBLIC WORKS**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

Financial Institution Name

Branch

Address

City/State

Zip Code

Routing Number

Account Number

***PLEASE ATTACH A VOIDED CHECK**

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Printed Name of Account Owner

Printed Name of Joint Account Owner

Signature

Signature

Date

Date